Preliminary Analysis of the Current State of Pain Management in Missouri
Report of the
Missouri Advisory Council on Pain and Symptom Management

MISSION: THE MISSOURI STATE ADVISORY COUNCIL ON PAIN AND SYMPTOM MANAGEMENT EXISTS TO PROMOTE ACCESS TO APPROPRIATE PAIN TREATMENT INTERVENTION FOR ALL MISSOURIANS THROUGH INTEGRATION OF PAIN AND SYMPTOM MANAGEMENT IN THE DAILY PRACTICE OF HEALTH CARE.

Introduction

The Missouri Advisory Council on Pain and Symptom Management (Council) was established by the Missouri legislature in 2003. The Council is comprised of nineteen members including health care providers, policy makers, and a pain patient. Among other mandates, the Council was charged to create an annual report to various government officials. The content of the report was to include issues and recommendations developed by the Council regarding pain management, educational requirements for institutions providing health care education, information regarding the effectiveness and impact of various practices and a review of current policies regarding pain and symptom management.

This report describes the preliminary findings, analysis of these findings and recommendations by the Council. Action on these recommendations is contingent upon funding for continuation of the Council and its activities.

A Public Health Issue of Epic Proportions

National studies of pain management, including the incidence, physiology, assessment, and treatment of pain, have revealed that pain is a public health issue of epic proportions:

- Pain is the oldest medical problem and the most universal physical affliction of mankind. Yet only 3% of U.S. medical schools require a separate course on pain and symptom management and fewer than one-third offer elective courses.[1] There is no evidence to suggest that this lack of attention to such an important facet of care in professional educational programs is limited only to physicians.
- Pain is one of the most common reasons for patients to seek medical attention and one of the most prevalent medical complaints in the U.S.[2 3 4]
- In a 1999 Gallup survey, 9 out of 10 Americans age 18 or older reported suffering pain at least once a month, and 42% of adults reported experiencing pain every day.[5]
- While effective pain management is problematic across all demographic groups, women, minority groups, elderly persons, children and individuals with cancer are at appreciable risk of sub-optimal pain assessment and treatment.[6 - 16]
- Effective pain management presents a significant challenge for physicians, other healthcare professionals, and their patients.

- Some 75 million Americans experience chronic pain, and at least 9% of the U.S. adult population is estimated to suffer from moderate to severe non-cancer pain.[17,18]
- Clinical experience has demonstrated that adequate pain management leads to enhanced functioning and increased quality of life, while uncontrolled pain contributes to disability and despair.[19, 20]
- Although medical science has learned a great deal about pain management in the last twenty years, this knowledge has not been integrated into practice.

Missouri: While studies specifically highlighting the problem of pain in Missouri are limited, there is no indication that Missouri's statistics differ dramatically from national findings. In 2003, the Pain and Policy Studies Group issued a Progress Report Card, which is a measure of state pain policy in relation to the principle of balance. The higher the grade, the more balanced a state's policies regarding drug regulation and pain management. Missouri received a grade of C, indicating that there is still much progress that needs to be made.[21]

The Council's Statutory Duties

Section 195.355, RSMo sets forth the duties and responsibilities of the Council in preparing its report. The Council has made considerable progress in regard to its various charges. The following pages describe actions and/or recommendations of the Council in regard to the requirements of Section 195.355.

The advisory council shall:

(1) Hold public hearings pursuant to chapter 536, RSMo to gather information from the general public on issues pertaining to pain and symptom management.

Five town hall meetings were held in September, 2004 in locations around the state. A sixth town hall meeting was held in October in conjunction with the Regional End of Life Conference in Kansas City, Mo. The testimony received has been summarized in Appendix C. The recommendations of the Council in response to this testimony have been incorporated into the discussion of the following duties and responsibilities.

(2) Make recommendations on acute and chronic pain management treatment practices.

The Council, as part of its research, has compiled a list of recognized guidelines and standards as to the treatment of acute and chronic pain.

The Council recommends that:

1. *These guidelines be included on the department's web site, which will have a page dedicated to address pain and symptom management issues.*
2. *Curricula for health care professionals be consistent with these guidelines.*
3. *Organizations that sponsor continuing education offerings for health care professionals integrate these guidelines into their trainings.*

(3) Analyze statutes, rules, and regulations regarding pain management.

Missouri currently has four primary sources of guidance for practitioners treating acute and chronic pain of any etiology and for the regulators who oversee them. They are:

- The Missouri Intractable Pain Treatment Act,
- The Missouri Controlled Substances Act,
- The Missouri State Board of Registration for the Healing Arts Updated Model Guidelines for the Use of Controlled Substances for the Treatment of Pain, and
- The Missouri State Board of Registration for the Healing Arts Palliative Care Guidelines.

According to the Pain and Policy Studies Group (A World Health Organization Collaborating Center for Policy and Communications in Cancer Care) and its systematic evaluation of positive and negative provisions in state pain policies, some of the language in Missouri's sources is ambiguous in comparison to those sources adopted by other states.

The Council recommends that:

1. *Ambiguous language be clarified in coordination with the Pain and Policy Studies Group.*
2. *These documents be used as training guidelines for investigators working for the licensing boards and the Bureau of Narcotics and Dangerous Drugs.*
3. *These documents be included on the department's pain web site.*
4. *These documents be made available to licensed health care professionals in readily accessible media such as health care professional association boards and newsletters.*

(4) Study the use of alternative therapies regarding pain and symptom management and any sanctions imposed.

The Council recognizes that current guidelines recommend an integrative approach to care, both pharmacologic and non-pharmacologic, including complementary and alternative medicine.

The Council recommends that:

1. *Information is included on the department's pain web site that assists consumers and providers with finding appropriate comprehensive care alternatives.*
2. *The Council continue to evaluate guidelines as well as barriers to access to alternative therapies.*
3. *The Council evaluate methods of encouraging a more integrative approach to pain and symptom management in addition to the use of the department's pain web site.*

(5) Review the acute and chronic pain management education provided by professional licensing boards of this state.

Recognizing that education is crucial to improving pain management to Missourians, the Council completed a review of educational requirements in the state. While most licensing boards of Missouri do require continuing education, provision of this education is not through the licensing board. At this time licensing boards make no requirement for continuing education in pain management or palliative care.

The Council recommends that:

1. *Health professional licensing boards consider requiring training and/or continuing education for those providers who have responsibility for pain management*
2. *Health professional licensing boards, through issuance of a statement, prioritize pain as an ethical and legal imperative.*

(6) Examine the needs of adults, children, the terminally ill, racial and ethnic minorities, and medically underserved populations that have acute and chronic pain.

While there are few data drawn directly from the State of Missouri on pain management in vulnerable populations, there is no reason to doubt that data drawn from other parts of the country also would apply to Missouri. Some of these data follow.

- The New England Journal of Medicine recently published a study which reported that racial profiling is more prevalent in pharmacies located in urban areas. These pharmacies do not carry certain opioid medications, citing low demand, the potential for fraud, fear of being robbed, or a belief that certain prescriptions are being diverted for illegal use.[22]

- 50% of dying patients report moderate to severe pain, despite the availability of medications and medication delivery systems that could provide adequate pain control for an estimated 95% of those patients.[23]
- Of the 2.2 million U.S. citizens currently residing in nursing homes, pain has been estimated to affect as many as 80% of them. Pain in nursing home patients is poorly treated: 26% of nursing home residents with daily pain received no pain medications.[24, 25]
- One clinical study revealed that by age two children felt pain similarly to adults, yet 87% of children reported unrelieved pain during hospitalization. In another study investigators found that 65% of the children younger than two years old went without pain medication compared to only 48% of older children.[26, 27]

Missouri: There are few data bearing on pain management services provided to vulnerable populations in Missouri. A recent study conducted by the St. Louis University School of Medicine and the University of North Carolina [28] utilized data from Missouri patients treated for pain associated with occupational injury and found that African Americans were under-treated relative to caucasians. Outcomes following treatment also showed disparities: African-American Missourians reported higher levels of pain severity, more emotional distress, and higher levels of disability when compared with caucasians. Clearly, there is a need for further data specific to the state that speak to pain management in vulnerable groups.

The Council recommends that:

1. *The Department of Health and Senior Services, Behavioral Risk Factor Surveillance System (BRFSS) include a question in the survey that gathers information regarding uncontrolled pain. (Note: Arrangements have been made to include this question in the FY 2005 BRFSS survey.) Data from this survey will identify Missouri populations by ethnicity, income, etc., as well as frequency of pain.*
2. *Because of the high cost of obtaining this data separately, race/ethnicity and other demographic information should be included in any state health-related data bases since it is clear that disparities exist.*

(7) Make recommendations on integrating pain and symptom management into the customary practice of health care professionals.

The Council recommends that:

1. *See recommendations from (2)(3) and (4) above.*
2. *Third party payers be encouraged to include alternate or complementary services as covered services.*

(8) Identify the roles and responsibilities of health care professionals in pain and symptom management

The Council recommends that:

1. *The Council will develop and present a general position statement addressing pain and symptom management as an ethical, legal, and regulatory responsibility for all health care practitioners.*

(9) Make recommendations on the duration and content of continuing education requirements for pain and symptom management.

The Council has reviewed the continuing education requirements of health care practitioners in Missouri and has found that there are currently no requirements specific to the assessment and

treatment of acute and chronic pain or palliative care. Some states, including California and West Virginia, have mandated pain management continuing education.

In October, 2004 members of the Council met with Licensing Board Executive Directors to begin dialogue directed at identifying healthcare providers' needs and concerns as they relate to pain management and the need to improve pain care in Missouri.

The Council recommends that:

1. *Links with relevant statutes and rules be established on the department's pain web site*
2. *The Council continue to dialogue with licensing boards to establish requirements for pain and symptom management or palliative care continuing education for all appropriate health care providers.*
3. *Health professional licensing boards, through use of their web site and newsletters, identify sources of pain management continuing education for licensees.*
4. *Links with sources of pain management continuing education be established on the department's pain web site.*

(10) Review guidelines on pain and symptom management issued by the United States Department of Health and Human Services (DHHS).

While a number of guidelines were developed by DHHS in the 1990s regarding the management of pain, the DHHS guidelines have been reviewed and retracted. The following statement is now made by the Agency for Healthcare Research and Quality regarding the referenced clinical practice guidelines: "These Guideline products are no longer viewed as guidance for current medical practice, and are provided for archival purposes only." The Council, as part of its research, will compile a list of available recognized guidelines and standards as to the treatment of acute and chronic pain. Appendix A contains a partial list of materials developed by respected experts and associations.

The Council recommends that:

1. *See (2), (3), and (4) above.*
2. *Links with sources of pain management guidelines and standards be established on the department's pain web site.*

(11) Provide an annual report on the activities of the Council to the Director of the Department of Health and Senior Services, the Speaker of the House of Representatives, the President Pro Tempore of the Senate, and the Governor by February first of every year. Such report shall include, but not be limited to the following:

(a) Issues and recommendations developed by the council;

(b) Pain management educational curricula and continuing education requirements for institutions providing health care education;

(c) Information regarding the impact and effectiveness of prior recommendations, if any, that have been implemented; and

(d) Review of current policies regarding pain and symptom management and any changes thereto occurring in pain and symptom management.

Conclusion

Through the creation of the Advisory Council on Pain and Symptom Management, the Missouri legislature has acknowledged that assessment and management of pain is an important public health priority. Pain is a problem negatively affecting the function and quality of life of countless, likely millions, of Missourians. The Advisory Council on Pain and Symptom Management recognizes the

profound consequences of uncontrolled pain, including both personal costs and the financial burden imposed on society. In order to improve the lives of Missourians, assessment and management of pain must become a priority. The Council has accepted this challenge and has made the above proposals. The Council further proposes to continue evaluation of current barriers to pain care and make additional recommendations that will enable health care providers to enhance the quality of care and quality of life for Missourians.

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